

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ANTHONIA IBOK

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Do you want a jury trial?

☒ Yes ☐ No

EXTENDED STAFF AMERICA (ESA)
JOINED - JESSICA, EMPLOYEE (ESA)

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

ANTHONIA IBOK
 First Name Middle Initial Last Name
 31 CLOVER PARK DR. APT 2.
 Street Address
 ROCHESTER NY 14618-4528
 County, City State Zip Code
 845-391-6041 Onaibok@yahoo.com
 Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: EXTENDED STAY AMERICA, FISHKILL-NY
 Name
 THRU' Littler Mendelson, P.C. One NEWARK CENTER, 8th
 Address where defendant may be served
 FLOOR, NEWARK, NJ. NJ 07102
 County, City State Zip Code
 Defendant 2: JESSICA - EMPLOYEE OF ESA (JOINED IN THE CHARGE)
 Name
 THRU' LAWYER/ESA REP.
 Address where defendant may be served
 County, City State Zip Code

Defendant 3:

Name

Address where defendant may be served

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

EXTENDED STA-1 AMERICA (ESA)

Name

25 MERRITT BLVD,

Address

FISHKILL

County, City

NY

State

12524

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☒ race: AFRICAN
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☒ national origin: NIGERIA

- ☐ 42 U.S.C. § 1981, for intentional employment discrimination on the basis of race

My race is: _____

- ☒ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1969

- ☐ Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☐ Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status (Another claim against my last employer Pending on-going)
- ☒ New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

SDHR CASE NO: 10206957
No: 10206957

Employer Pending

N/A applicable

- ☒ Other (may include other relevant federal, state, city, or county law):

EEOC - CHARGE NO: 520-2019-04062

* FILED FOR UNEMPLOYMENT ON 11/11/2019 - U.I. initially denied Dec 19
upon Appeal, \$ Judgement January 9th 2020, was Approved.
* Still unemployed because I expressed my fears of future
discrimination (likelihood) and the NY DEPT OF LABOUR
decided to approve my SEAP APPLICATION on Feb. 28 '20.
* still working to start off my business. =

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☒ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☒ harassed me or created a hostile work environment

☒ other (specify): EMPLOYEE JESSICA MADE USE OF THE COY'S PHONE TO CALL ME & HARASSED ME INTENTIONALLY - WHICH WAS HER MANNER OF SIGNALLING THAT I WOULD NEVER BE WELCOMED TO WORK WITH HER EMPLOYER.

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

I applied for a position with ESA. I see already that my application that was presented in a position statement with the EEOC has been distorted & classified as INCOMPLETE APPLICATION. However, it does not matter if it was incomplete; but Jessica, an employee of ESA, who, I believed apart from working as a Laundry Attendant doubled as a front desk staff, was privileged to have know of my applying to ESA-Extended Stay America.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

*See Continuation sheet
*STATEMENT OF FACTS — Attached as Part of Docs

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge?

August 6th 2019

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice?

August 12th 2020

When did you receive the Notice?

August 17th 2020

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

- ① pay damages for loss of financial resources for job searches, travelling to & from venue of interview; Pain
- ② damage for miscellaneous expenses incurred in preparation for interview; Intensified physical pains & stress for my already on-the-job injury. It was terrifying. I did not mind going to the interview, but pain emotionally got so worse because I was never interviewed.
- ④ *Defendant should be notified what it means to be harassed by even an employee of an employer, using the resources of the employer - such make the employer liable also. Thus pay for Emotional Distress!

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2/9/2020
 Dated ANTHONIA
 First Name IBOK
 Middle Initial IBOK
 Last Name

31 CLOVER PARK DR. APT 2
 Street Address
ROCHESTER
 County, City

845-391-6041
 Telephone Number
NY
 State
14618-4528
 Zip Code

OnuiboK@Yahoo.Com / Ibokanthonia@gmail.Com
 Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.